



MISSOURI DEPARTMENT OF AGRICULTURE  
STATE MILK BOARD  
**APPLICATION FOR DISTRIBUTOR'S PERMIT**

DISTRIBUTOR NAME	CONTACT PERSON		
DISTRIBUTOR ADDRESS	DISTRIBUTOR TELEPHONE NUMBER		
OWNER NAME			
OWNER ADDRESS	OWNER TELEPHONE NUMBER		
PRODUCTS DISTRIBUTED (CHECK PRODUCT OR PRODUCTS)			
<input type="checkbox"/> WHOLE MILK	<input type="checkbox"/> LOWFAT MILK	<input type="checkbox"/> 2% LOWFAT MILK	<input type="checkbox"/> 1% LOWFAT MILK
<input type="checkbox"/> SKIM MILK	<input type="checkbox"/> CHOCOLATE MILK	<input type="checkbox"/> CHOC. LOWFAT MILK	<input type="checkbox"/> BUTTERMILK
<input type="checkbox"/> SOUR CREAM	<input type="checkbox"/> HALF & HALF	<input type="checkbox"/> WHIPPED CREAM	<input type="checkbox"/> WHIPPING CREAM
<input type="checkbox"/> CREAM	<input type="checkbox"/> YOGURT	<input type="checkbox"/> LOWFAT YOGURT	<input type="checkbox"/> EGGNOG
<input type="checkbox"/> EGGNOG FLAVORED MILK	<input type="checkbox"/> EGGNOG FLAVORED LOWFAT MILK		
<input type="checkbox"/> OTHER _____			
WHERE ARE THE PRODUCTS DISTRIBUTED? (PLEASE CHECK)			
<input type="checkbox"/> GROCERY STORES	<input type="checkbox"/> HOSPITALS	<input type="checkbox"/> SCHOOLS	<input type="checkbox"/> INSTITUTIONS
<input type="checkbox"/> RESIDENCES	<input type="checkbox"/> OTHER _____		
TYPE OF VEHICLES (PLEASE CHECK)			
<input type="checkbox"/> REFRIGERATED	<input type="checkbox"/> INSULATED	<input type="checkbox"/> SPECIFY OTHERS _____	
LIST PLANTS WHERE GRADE A PRODUCTS ARE RECEIVED FROM:			
1.			
2.			
3.			
4.			
LIST NON-DAIRY FOOD PRODUCTS DISTRIBUTED:			
1.			
2.			
3.			
4.			
LIST CITIES/TOWNS WHERE GRADE A PRODUCTS WILL BE DISTRIBUTED:			
1.			
2.			
3.			
4.			
OWNER'S SIGNATURE			